

(1) PLACE OF BIRTH

County of Anderson

Township of Williamston

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Department of Vital Statistics

State Board of Health

Registration District No. 314

Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child Carlean Patterson

If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Girl (4) Sex or Child yes (5) Date of Birth July 11, 1923

(6) Place of Birth Williamston S.C.

(7) Name of Father George Patterson

(8) Name of Mother Rose Marie Oriskany

(9) Present Residence of Father Williamston S.C.

(10) Color of Child Black (11) Age at Last Census 40

(12) Birthplace of Child Black (13) Age at Last Census 25

(14) Occupation of Father Mr. Badgwell, Farmer

(15) Occupation of Mother Domestic

(16) Number of children born to mother, including present birth Three

(17) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(19) (Signature) Dr. J. B. McArthur

(20) State whether Physician or Midwife

(21) Address of Physician or Midwife Williamston S.C.

Given name added from a supplemental report

(22) Witness Dr. J. B. McArthur

(23) Date March 13, 1923

(24) Local Registrar

*When there was no attending physician or midwife, then the father, household, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

(25) Date July 11, 1923

*When there was no attending physician or midwife, then the father, household, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.